

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09/763331

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	1
INDEPENDENT CLAIMS	minus 3 =	-
MULTIPLE DEPENDENT CLAIM PRESENT	-	<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	20	Minus	13 =
Independent	2	Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY

TYPE

RATE	Fee	RATE	Fee
BASIC FEE	36.00	BASIC FEE	710.00
XS 9=	9	XS18=	
X40=		X80=	
+135=		+270=	
TOTAL	354	OR TOTAL	

OTHER THAN

OR SMALL ENTITY

OTHER THAN

SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
XS 9=		XS18=	
X40=		X80=	
+135=		+270=	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	20	Minus	13 =
Independent	2	Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE

ADDI-
TIONAL
FEE

RATE	ADDI- TIONAL FEE
XS 9=	
X40=	
+135=	
TOTAL ADDT. FEE	

RATE

ADDI-
TIONAL
FEE

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	20	Minus	13 =
Independent	2	Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE

ADDI-
TIONAL
FEE

RATE	ADDI- TIONAL FEE
XS 9=	
X40=	
+135=	
TOTAL ADDT. FEE	

RATE

ADDI-
TIONAL
FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SERIAL NUMBER : 09/763331

TO: PCT OFFICE OF FINANCE
CRYSTAL PLAZA 2 - 5TH FLOOR

FROM : PCT INTERNATIONAL DIVISION - DO/EO
CRYSTAL PLAZA 2 - 8TH FLOOR

PLEASE PROCESS THE FOLLOWING CORRECTIONS :

FROM _____ TO _____

OTHER:

CHARGE VOUCHER IS ATTACHED TO CHARGE / REFUND
ADDITIONAL FEES

THE ORIGINAL METHOD OF PAYMENT WAS :

BY A CHECK
 BY A CHARGE TO DEPOSIT ACCOUNT NO. _____

**NATIONAL STAGE PROCESSING BRANCH
DO/EO FEE SHEET**

09 / 763331

SERIAL NUMBER : _____

DATE FORWARDED TO FINANACE BRANCH : _____

CHECKS ONLY

CHECKS AND CHARGES ENCLOSED

② **CHARGES ONLY ENCLOSED**

REFUND APPROVAL NEEDED

① **CORRECTIONS :**

CHECK

CHARGE

CHECK & CHARGE

FROM : DO/EO NATIONAL STAGE PROCESSING BRANCH

ATTN: John Anderson 308-9116

(Name and phone number of person forwarding file to Finance)

**PLEASE KEEP THIS SHEET ATTACHED TO THE FILE, AND
RETURN TO DO/EO AFTER APPROPRIATE ACTION HAS BEEN TAKEN.**